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NAVAL SERVICE MEDICAL NEWS (NSMN) (96-10)

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HEADLINE: Corpsman Selected as NAVBASE Jax Sailor of the Year
NAVHOSP Charleston, SC (NSMN) -- Congratulations to HML(FMF)
David E. Roberts, Naval Hospital Charleston's Sailor of the Year,
who was recently announced as Sailor of the Year for Commander,
Naval Base Jacksonville, FL.

"All in COMNAVBASE Jax area of responsibility should take pride in having this outstanding petty officer represent us at the next round of competition," said base commander RADM K.F. Delaney in the message announcing Roberts' selection. The "next round" is for COMNAVSHORELANT Sailor of the Year, which will be announced later this month. "We wish him well," continued Delaney, who also extended "a special note of recognition and sincere well done" to the base's other finalists, which included HML(SW/NAC) Mark S. Starnes, the Sailor of the Year for Naval Hospital Jacksonville. "The future of our Navy is in great hands with an all-star team of leaders like this."

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HEADLINE: COMNAVBASE Seattle Selects Hospital Corpsman SOY
NAVHOSP Oak Harbor, WA (NSMN) -- HML Ellis Smith, a radiology technician at Naval Hospital Oak Harbor, was recently selected as the Sailor of the Year for Commander, Naval Base Seattle. CAPT Rod Faino and Master Chief Dave Cantrell from the base made the trip to Oak Harbor to personally notify Smith of his selection. Congratulations, Petty Officer Smith.

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HEADLINE: Hospital Corpsmen are Finalists for CINCPACFLT SOYs
CINCPACFLT Pearl Harbor, HI (NSMN) -- A 9 March message announced the finalists in the 1996 Pacific Fleet Sailor of the Year competition. Among them are, for Sea Sailor of the Year: HM1(SS/SW) Mark W. Rudes of USS LOUISVILLE (SSN 724), who is COMSUBPAC's Sailor of the Year, and HM1(SW/AW/FMF) William D. Suyat of Camp Pendleton's 1st Marine Division, who is COMMARFORPAC's Sea Sailor of the Year. In competition for PACFLT's Shore Sailor of the Year is Naval Hospital Twentynine Palms' HM1(FMF) Manuel J. Barcelona, who is COMMARFORPAC's Shore Sailor of the Year.

Finalists will travel to Hawaii 8-15 April for personal interviews and final selection of the CINCPACFLT Sea and Shore Sailors of the Year.

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HEADLINE: 29 Palms Corpsman Selected As COMMARFORPAC SOY
NAVHOSP Twentynine Palms, CA (NSMN) -- HM1(FMF) Manuel Barcelona, of Naval Hospital Twentynine Palms, has been in the news a lot lately. The 29-year-old Sailor, a 1984 graduate of Palm Springs High and a current resident of Palm Springs, CA, was selected as the Senior Sailor of the Year for the Naval Hospital and then as the Marine Corps Air Ground Combat Center's Senior Sailor of the Year.

Barcelona is now getting more press by being selected as the Shore Sailor of the Year for Commander Marine Forces Pacific (COMMARFORPAC) ... a well-deserved title, according to his co-workers at the hospital.

"HM1 Barcelona received these honors by being an exemplary petty officer. He has been performing at the level of a Chief Petty Officer as the Senior Enlisted Leader for the Directorate of Nursing Services, providing superb leadership for 110 enlisted staff," said CAPT Elizabeth Kozero, NC, USN, Director, Nursing Services, one of many to praise Barcelona's accomplishments.

To reach the point of being named SOY for COMMARFORPAC, Barcelona has had to go through some very tough competition, with other Sailors at Naval Hospital Twentynine Palms, the Marine Corps Air Ground Combat Center, and from various other Marine commands around the Pacific region, where he came out on top.

"I was very surprised to learn that I was selected out of all the very good Sailors that COMMARFORPAC had to choose from," said Barcelona.

The next selection process takes place in Hawaii in April for the title of Commander in Chief Pacific Fleet Sailor of the Year. The winner there will compete for Chief of Naval Operations Sailor of the Year in Washington, DC, later this year. Story by Mr. Dan Barber, Naval Hospital Twentynine Palms

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HEADLINE: CINCLANTFLT Carrier Blue 'M' Awards Announced
COMNAVAIRLANT Norfolk, VA (NSMN) -- Commander, Naval Air Force, U.S. Atlantic Fleet recently announced the Blue "M" winners for calendar year 1995. The Blue "M" is awarded to

aircraft carrier medical departments that have attained the highest standards of battle readiness and excellence in shipboard quality care.

The Blue "M" is a component of the overall battle efficiency award, the Battle "E." As winners, these aircraft carriers are authorized to paint a Blue "M" on their superstructure: USS AMERICA (CV 66), USS THEODORE ROOSEVELT (CVN 71), and USS GEORGE WASHINGTON (CVN 73).

Congratulations to these carriers' medical departments, headed by senior medical officers CDR Dennis Rowe, MC (AMERICA); CDR Jay Dudley, MC (ROOSEVELT); and CDR Dean Bailey, MC (GW).

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HEADLINE: U.S. Naval Hospital Naples Earns JCAHO Accreditation

USNH Naples, Italy (NSMN) -- U.S. Naval Hospital Naples has established itself as a center of excellence in the wake of a November 1995 inspection conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Naples' standard of health care excellence solidified itself in a 97 percent score on the JCAHO's close scrutiny of environmental safety, infection control, hazardous waste disposal, ambulance operations and other critical services and processes. The national average for Department of Defense hospitals is between 91 and 92 percent.

CAPT Robert G. Ghiselli, MC, U.S. Naval Hospital Naples commanding officer, credits his staff's teamwork for the hospital's gold seal of approval. "This was a team effort," he said. "We used a multi-disciplinary TQL approach to utilize the best ideas from all sources."

One example of ingenuity that really got noticed was a proactive infant safety plan called "Code Pink." Developed by ward nurses to prevent infant abduction, Code Pink has been recognized by the Navy surgeon general as a benchmark program and model for all military hospitals.

Story by JO1 Mark K. Hollis, NavEur News

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HEADLINE: Navy Becoming 'Driving' Force in Hearing Tests

NAVHOSP Pensacola, FL -- In a proactive effort to prevent noise-induced hearing loss to Sailors in its area, Branch Medical Clinic Pascagoula, MS, has unveiled the Mobile Hearing Conservation and Audiometric Testing system, known as MOHCAT. MOHCAT is a specially designed RV-style truck that will provide door-to-door hearing test services for personnel at shore commands and ships along the Gulf Coast.

"The MOHCAT will enhance the Branch Medical Clinic's capabilities four-fold in performing required hearing tests for fleet Sailors," said audiometry team leader HMCS Michael Chance. "With MOHCAT on board, the clinic can perform 24 tests per hour or about a complete frigate's complement of 192 over an eight-hour period."

"Anyone who works around high noise levels, such as enginemen, or Sailors who rely on their hearing abilities to complete their work, such as sonar technicians, must have their

hearing tested annually," said HM1 Kevin Zoll. "The MOHCAT provides an effective and efficient way for commands to meet this requirement, with virtually no travel time and little waiting involved."

"A sailor can walk directly off the ship and into the MOHCAT," said HM3 Charles Mays. "It's a significant savings of time away from the job -- as much as two hours."

Branch Medical Clinic Gulfport has been designated as a Mobilization Processing Site for the Second Brigade Seabees during a call-up. "The MOHCAT will be used in support of this ... medical processing of hundreds of personnel over two days," said HM1 John Darney.

In the MOHCAT's dedication ceremony, CAPT Ralph A. Lockhart, MSC, commanding officer of Naval Hospital Pensacola, parent command of both clinics, praised BMC Pascagoula for becoming a "driving force in bringing medical services to sailors at the deckplate."

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HEADLINE: Dental Vans Bring the Chair to You

BUMED Washington (NSMN) -- Not too many people enjoy going to the dentist, but the Navy has made getting there much easier for many in the Fleet. How? Mobile dental vans.

With 12 vans currently active, Naval Dental Centers at Bremerton, WA; Norfolk, VA; Jacksonville, FL; Pearl Harbor, HI; San Diego; Naples, Italy; and Roosevelt Roads, PR, can send a van to a command's front door, or brow. Whether a review of dental records at the NDC has seen a need to send the van, or the Command Master Chief or Commanding Officer has requested it, sending a van out takes care of patients' fillings, cleanings and exams "at the deckplate." Sailors needing more involved or specialized procedures are referred to the dental treatment facility.

Naval Dental Center Norfolk and San Diego have three vans at their disposal, Jacksonville has two and the other centers each have one. NDC Bremerton's van is only a "one-seater," but the rest sport two dental units, staffed by one Dental Corps officer and two Dental Technicians.

Sailors can be seen pierside for a routine 15-minute examination and X-ray appointment or can be scheduled for longer periods if they need a cleaning or fillings. "You'd schedule two patients for each time block -- one for each chair. In an eight-hour day, the van could take care of anywhere from eight to 32 patients, depending on their needs," said DTC Terry Spielbusch in the Office of the Assistant Chief for Dentistry, Bureau of Medicine and Surgery (MED 06).

"It really makes dentistry more accessible to the Sailor by bringing the chair to him," said CDR Rick Young, DC, division director for Materials/Facilities, MED 06. "We bring the clinic to the ship and that way we can get all of our exams done, as well as simple restorative work, without the Sailor having to leave the pier."

Story by Mrs. Liz Lavalley, Bureau of Medicine and Surgery

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HEADLINE: Cherry Point Medical Officer Returns from Deployment

NAVHOSP Cherry Point, NC (NSMN) -- USS WASP (LHD 1) returned 26 February from duty in Operation Joint Endeavor, conducting operations in the Adriatic Sea as part of USS AMERICA (CV 66) Battle Group. One of those aboard WASP was LCDR Brian Sargent, MC, from Naval Hospital Cherry Point's Family Practice Clinic.

Sargent served in the ship's medical department, providing primary care to ship's company -- close to 1,100 Sailors. He also augments the medical staff assigned to the attached Marine Air/Ground Task Force -- in this case, the 26th Marine Expeditionary Unit, when necessary.

Although assigned to the Family Practice Clinic, Sargent's priority is to augment the Medical Service Support Group with the MEU when needed, providing health care to deployed Marines. To prepare for their primary role, Sargent and other Medical Department personnel assigned to "deployable" billets undergo extensive training, including the treatment of cold-weather injuries and combat casualty care. In addition to maintaining the same credentials civilian providers do, Navy health care providers learn and maintain medical skills unique to the military. Going out on exercises is an important aspect of honing these skills.

When hospital personnel in operational billets aren't in training or deployed, they serve the hospital's beneficiary population. While this increases the number of patients the facility is able to handle, it sometimes causes a problem when these people aren't available -- all of a sudden, access is more difficult. While operational obligations and training requirements sometimes prevents us from seeing our patients as quickly as we or you would like, the end result is that we are more able to provide a high level of quality care for all of our eligible beneficiaries.

Story by LTjg John M. Daniels, MSC, USNR, Naval Hospital Cherry Point

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HEADLINE: NNMC Doctor Hopes to Hear Heart Disease

NNMC Bethesda, MD (NSMN) -- A once-classified super-sensitive listening device, used to detect submarines in the Cold War, may someday be turned into a medical tool in combating heart disease.

CDR Dervilla McCann, MC, a staff cardiologist at National Naval Medical Center Bethesda's Cardiology Clinic, is beginning research which may eventually allow doctors to detect heart disease by listening to the faint sounds of the human cardiovascular system, without ever breaking the skin.

The current "gold standard" for diagnosing coronary artery disease is cardiac catheterization, "an expensive and invasive procedure," said McCann.

The new listening technology, dubbed an "electronic stethoscope," may be able to diagnose heart disease without the need of incision or anesthetic.

At the crux of the technology is a piezoelectric crystal,

which, when vibrated, emits a series of small electrical charges. By connecting this crystal to a diaphragm, it becomes an incredibly sensitive microphone, said McCann.

The technology is especially important for diagnosing heart disease in women since, although the risk of death from cardiovascular disease is almost identical for both men and women, detecting it in women is more difficult.

By placing the hockey puck-sized listening device on a person's chest, vibrations from his or her cardiovascular system create an electrical signal. A digital signal processor, available at virtually any modern music store, translates that signal into digital data.

McCann hopes that by plotting this sound data onto various color frequency graphs, abnormal blood flow or heart rhythms will appear as definable blobs of color at specific frequencies.

She has recently won approval for a six-month research project using the technology and will gather control data from volunteer subjects at NNMCMC's Cardiology Clinic and inpatient wards.

"We are really in the infancy of the whole research project right now," said McCann. "I can't prove anything yet, but it looks very promising."

Story by JO2 Roy DeCoster, National Naval Medical Center Bethesda

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HEADLINE: Jacksonville Performs its First Iodine 131 Treatment

NAVHOSP Jacksonville, FL (NSMN) -- Naval Hospital Jacksonville performed its first Iodine 131 treatment on a patient last month. According to LCDR Michael Heili, MC, the Iodine 131 treatment is primarily used for patients suffering from thyroid cancer. When the thyroid is removed, there could be residual thyroid tissue remaining in the body. Heili explained that the Iodine 131 "zeros right in on the residual thyroid tissue and gets rid of it. Getting rid of this tissue reduces the risk of a recurrence of the cancer."

The procedure consists of the patient swallowing a pill containing correctly dosed radioactive Iodine 131. As the pill neutralizes the thyroid tissue, the patient gives off a slight amount of radiation. This amount is measured and monitored with a "radiac." Once the radiation drops to a level where the patient no longer gives off amounts that could be harmful to others, the patient can be released from the hospital.

Naval Hospital Jacksonville's Radiation Health Officer, LT Frank Barby, oversaw the entire procedure. The hospital staff that took part in the Iodine 131 procedure received a lot of extra training. "The Surgical Ward staff worked as a team with the Radiation Health Department to provide outstanding care for the first Iodine 131 patient," said LCDR Bronwyn Fillion, NC, division officer of the Surgical Ward.

Safety was a prime consideration, and many precautions were taken to protect the patient, other hospital patients and hospital staff. HN Lynn Homerston, a corpsman on the Surgical Ward, said, "The staff on the ward wore radiation monitors on their uniforms to know how much radiation they were receiving."

This first Iodine 131 treatment is a milestone for Naval Hospital Jacksonville and just one of a number of new health care services available to hospital patients.

Story by HN Phillip C. Hall, Naval Hospital Jacksonville

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HEADLINE: Navy Researches Biochemical Decompression

NMRDC Bethesda, MD (NSMN) -- Decompression for Navy divers is a dangerous and time-consuming phase of any diving mission. A dive to 190 feet for 40 minutes requires 103 minutes of decompression. On longer dives, decompression can take many hours and possibly be the most hazardous part of the dive. Failure to spend time at an intermediate depth before surfacing can lead to a debilitating illness referred to as decompression sickness (DCS).

A diver's tissues absorb some of the gases that the diver is breathing while under pressure. DCS may occur if these dissolved gases come out of solution and form bubbles as the diver ascends. Symptoms of DCS can range from temporary joint pain to permanent neurologic damage or even death. Treating DCS through recompression requires hours to days and is not always fully successful in restoring health. Traditionally, divers control DCS by adhering to mathematically formulated diving tables to compute dive and decompression times.

Researchers at the Naval Medical Research Institute in Bethesda, MD, are focusing on biochemical concepts to aid diver decompression. According to Susan R. Kayar, Ph.D., an NMRI research physiologist, "The specific aim of this research is to fundamentally change the process of decompression, from a passive and empirically-modeled approach, to an active scrubbing of gas from within the diver by biochemical reactions. Our goal is to cut decompression time by half."

Biochemical decompression is a novel approach to eliminating the inert gas in a diver's body using bacterial enzymes in the diver's intestinal tract to chemically eliminate the inert gas and accelerate decompression without increasing the risk of DCS.

"This product may be ready for Fleet use within 10 years," said Kayar. "Applications for biochemical decompression in Navy operations include submarine escape, special warfare swimmer delivery vehicle missions, and shallow water mine counter measures."

Story submitted by Naval Medical Research and Development Command

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HEADLINE: Medals Awarded for Bosnia Operations Clarified

CHINFO Washington (NSMN) -- There has been some confusion over the three medals -- NATO Medal, Humanitarian Service Medal and the Armed Forces Service Medal -- that have been awarded for peacekeeping operations in Bosnia.

The NATO Medal is a foreign award accepted on behalf of the United States by the Secretary of Defense. In addition to the geographic presence criteria, eligibility requires being under NATO command or control and/or in a direct support role for a limited number of commands. Eligibility criteria and

instructions for receiving the medal can be found in NAVADMIN 297/95.

The Humanitarian Service Medal is an individual award that requires individual, hands-on participation for eligibility. While the criteria have not yet been established, the Joint Chiefs of Staff are considering, on a case-by-case basis, service members who participated in relief flights into Sarajevo.

The Armed Forces Service Medal is a new award, recently announced by President Bill Clinton, that may be issued to service members participating in Bosnia operations. The award is designed to fill the gap for military operations other than war. NAVADMIN 057/96 announced the establishment of the Armed Forces Service Medal (AFSM) and the policy Secretary of Defense Perry has approved for awarding the AFSM to service members. Information provide by the Navy Office of Information

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HEADLINE: TRICARE Questions and Answers

BUMED Washington (NSMN) -- As TRICARE comes on line across the country, beginning last year and expected to be available throughout the United States by May 1997, questions about this Department of Defense managed health care program come up. Each week, the Naval Service Medical News will include "TRICARE Questions and Answers" to answer them.

Q: What is my priority for care in the medical treatment facility?

A: Title 10, United States Code, established priority of care in the MTFs. That priority is active duty members, active duty family members, and retirees, their dependents and survivors. For other than active duty service members, care is available to all on a space available basis.

Q: What is the normal number of people assigned to a primary care manager?

A: The number of people vary among the MTFs due to site specific factors such as deployment or training requirements, available support staff or infrastructure constraints.

If you have questions about TRICARE you'd like answered in this column, please contact the editor (see last paragraph of this message on ways to do so).

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled meetings:

-- 20-21 March, annual Military Training Network conference, Uniformed Services University of the Health Sciences, Bethesda,

MD. For more information, call DSN 295-3886 or (301) 295-3886.

-- 22-29 March, 37th Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA. The tri-service Military Audiology Short Course and the Navy Independent Duty Corpsman (IDC) Conference will run concurrently. For more information, call the workshop hotline at (804) 363-5452/5508. The email address is workshop@ehc50.med.navy.mil and <http://ehc40.med.navy.mil/~workshop> on the World Wide Web.

-- 9-12 April, 30th National Immunization Conference, Washington, DC. For information, contact CDC's Larry Furphy, (404) 639-8225, email lrf2@npl.em.cdc.gov or write to him at National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS E-52, Atlanta, GA 30333.

-- 15-18 April, 1996 Commander In Chief, U.S. Atlantic Fleet, Surgeons Conference, with 18 April designated for Fleet/Force Medical Officers/Senior Medical Enlisted representatives; for other attendees -- RLCs, TYCOMM medical officers and medical treatment facility COs -- the conference will adjourn 17 April. Conference to be held at the Norfolk Airport Hilton Hotel, Norfolk, VA. For information, contact HMCM(SS) Raney, DSN 564-6160, (804)444-6160.

-- 17 April, Third Annual Hospice Foundation of America Teleconference -- "Living with Grief: After Sudden Loss." For more information, call Mr. John Dewey, (202) 638-5419.

-- 19-24 May, Health Promotion Training Course, sponsored by the Navy Environmental Health Center, Norfolk, VA. For more information, contact Ms. Becky Washburn, (804) 363-5598; DSN 864-5598.

-- 22-25 May, 1996 National Image Training Conference and Convention, Salt Lake City, UT. The Armed Forces Banquet of this national Hispanic organization, will be 23 May. For more information, see NAVADMIN 299/95, CNO Washington message 131122Z DEC 95, or call LCDR E.D. Olmo, DSN 224-2007 or (703) 614-2007.

-- 23-25 May, 12th Annual Current Issues in Anatomic Pathology, San Francisco, sponsored by the University of California. For information, contact (415) 476-4251.

-- 9-12 June, 31st Annual Conference of the Association for the Care of Children's Health, Albuquerque Convention Center, New Mexico. This year's theme is "Humanizing Healthcare: Renewing the Spirit of Our Work." For a preliminary conference program or more information, contact the ACCH Conference Office at (301) 593-2487.

-- 8-19 July, 4th Annual Operational Preventive Medicine Course, Navy Environmental and Preventive Medicine Unit No. 5, San Diego. For more information or to enroll, contact the NEPMU5 Training Officer at DSN 526-7086, (619) 556-7086 or email nepmu5@trout.nosc.mil

-- 26-29 August, Navy Surgeon General's Leaders Conference, Crystal Gateway Marriott Hotel, Arlington, VA. BUMED Washington 091700Z MAR 96 provides conference guidance and details on who may attend. For hotel information, call 1 800 228-9290 or (703) 920-3230.

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HEADLINE: Military Training Network Plans Annual Conference
USUHS Bethesda, MD (NSMN) -- The Uniformed Services
University of the Health Sciences' annual Military Training
Network (MTN) conference is scheduled for 20-21 March in the
university's auditorium.

The tri-service MTN staff, American Heart Association and
American College of Surgeons are among the organizations that
will give clinical and administrative lectures.

On-site registration is \$30 and begins at 0730, 20 March.

Established in 1982, the MTN is designated as the Department
of Defense affiliate for the American Heart Association and the
American College of Surgeons for resuscitative/trauma medicine
programs.

For more information, contact the Office of University
Affairs at DSN 295-3886 or (301) 295-3886.

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